



I hereby authorize City of Bloomington Ut account identified below atauthorize the institution to charge such deb				
Such debits shall be equal to \$ monthy util correct errors are so authorized. It is agree under the rules of the National Automated (in full force and effect until written notification manner as to afford COMPANY and DEPOS	ed that these of Clearing House on is given to	debits and adjustments se Association (NACH) the COMPANY of its to	s will be m A). This a ermination	nade electronically and uthorization is to remain
CBU Customer Legal Name (Last, First, Middle format for individual)				
CBU Customer SSN		Date of Birth/		
CBU Business Customer's Federal TIN		Date of Incorporation	_	
Name of your Financial Institution				
Routing Number	Account/Customer Number			Indicate Type of Account Checking Savings
Printed Name of Authorizing Party (bank account holder, if different than the CBU cu	ıstomer)		·	
Signature of Authorizing Party				

Please attach Your Voided Check to this Authorization (over the below example)

Date

/20

